

Office of Marketing, Animal Industries & Consumer Services

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MARYLAND STATE BOARD OF VETERINARY MEDICAL EXAMINERS

Telephone: 410.841.5862 Facsimile: 410.841.5780 www.mda.state.md.us

REQUEST FOR A CHANGE OF ADDRESS ON RECORD

Name:				
Check one:	Veterinarian		License No	
	Registered Veterinary Technician		Registration No	
Check all that apply:		Change to residential address only Change to business/practice address Change to both residential and bus	ss only	
Current reside	ential ado	lress on record with the SBVME:		
New residenti	al addres	ss to be on record with the SBVME:_		
Effective date	of new	residential address:		
New residenti	al phone	number to be on record with the SB	VME:	
Current busine	ess addre	ess on record with the SBVME:		
New business	name ar	ad address to be on record with the S	BVME:	
Effective date	of new	business name and address:		
New business	phone n	umber to be on record with the SBV	ME:	
Signature:			Date:	
Mail this for	m to:	State Board of Veterinary Medical 50 Harry S Truman Parkway, Suite Annapolis, MD 21401		
Fax this form	ı to:	State Board of Veterinary Medical Attention: Office Secretary 410.841.5780	Examiners	